

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | E.H.     |        | 07-24-01 |
| O.I.P.E. CLASSIFIER       |          |        | 7-01-01  |
| FORMALITY REVIEW          | H.S.     | 866    | 09-13-01 |
| RESPONSE FORMALITY REVIEW | H.S.     | 866    | 11-26-01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date     |
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| Final Original |          |
| 1              | 07/27/01 |
| 2              | 07/27/01 |
| 3              | 07/27/01 |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
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26816  
 09/13/01  
 H-S  
 11/27/01